

but it may not be out of place for me to refer to an omission from that measure of the greatest importance to the 15 millions of the public who are to be affected by it. I refer to the absence from its clauses of any provision for the active surgical treatment which will be necessarily required by this great body of people. This absence of provision for the treatment of their surgical troubles may be of greater practical consequence, I think, than would have been the absence of provisions for their purely medical ailments; for when a person of this class needs the aid of a surgeon as a rule he needs it badly, and there are only limited sources from which such needs can be satisfied. The necessity for the institutional treatment of many surgical conditions in the working classes will always exist, and provision should be made by the working people themselves, or by the State, to meet this inevitable demand; for to leave such a matter to the capricious promptings and casual extravagances of voluntary and irresponsible effort is not sound statesmanship as I understand the term.

THE COST OF HOSPITALS.

A matter demanding serious attention is that of the increasing cost of modern hospitals. Their capital outlay on construction and equipment is becoming appalling, and their maintenance charges are correspondingly high. A general feeling exists, I am aware, that as our knowledge advances and our means of dealing with diseases grow greater, so must the cost go up. To some extent this may be true, but it does not cover the whole position. Much of this greater expenditure is due to the tendency seen on every side for public bodies to reckless extravagance. This craving for the lavish spending of other people's money has become a disease, and institutions will at some future time have to be erected for the treatment of persons so afflicted. There is absolutely no need for the spending of large sums of money on the construction of public hospitals; there is no necessity for the sick people in their wards to cost as much as they do. I claim to speak with some authority, if only for the reason that I have worked in charitably maintained hospitals, and in a rate-supported hospital, during the greater part of my life. The object for which all such institutions exist is identically the same—namely, the conversion of sick into sound humanity. The raw material taken into these institutions is alike, the treatment the same, the results identical, but the difference in cost is phenomenal. A charitable hospital now costs from £500 to £800 per bed for construction and equipment, and from 30s. to £2 a week per patient for maintenance. The Birmingham Poor Law Infirmary cost less than £90 per bed, and the patients in it 14s. 6d. per week to maintain. How are these striking differences to be explained? Certainly not by any difference in the quality or the quantity of the work turned out, which are the criteria by which the work of every hospital should be judged, nor by the greater internal comfort of one class of institution over the other. The fact of one being a teaching institution and the other not accounts for something doubtless, but the difference—easy to find—depends on other things than that, but this is not the place to discuss them. I merely wish to call attention to their existence, and to express my own opinion that the sooner all public hospitals become municipally or State supported, the better for everybody in any way concerned with them—patients, doctors, and the public alike. Medical teaching and medical research might be better done in institutions altogether controlled by more responsible authority.

Gentlemen, we cannot all be leaders in our art, but each can strive to be as the great masters of surgery were in the past. Sir William Bowman, your surgical orator in 1866, who received his general and medical education here, has eloquently said of his predecessors: They were anatomists, they were physiologists, they were pathologists, not by second-hand learning from the tongues and pens of other men, though this they did not despise, but by truth-loving interrogation of Nature herself in all her haunts of health and disease; admitting no veils of limitation to be drawn by fashion or caprice or selfish interest between provinces and things essentially akin, but taking in the whole scope of their art as one great and ample field of noble study and of beneficent activity—one by the unity

of Man's body, to which it yields a voluntary and loving service; one by the identity of the methods of research by which the secrets of that body are to be disclosed; one by the common aim and intention of all treatment, internal or external, remedial or preventive; one, lastly, by the simplicity of the moral attitude which should stamp us all as members of one body in our relations towards one another, to individual patients, and to the community among which we labour.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF FRACTURES.

FRACTURES of all kinds being of importance, and their non-union very distressing both to patient and surgeon, I venture to hope the following case may be of some interest:

The patient, an active man aged 67, was run over by a cart and sustained an oblique fracture of the tibia at the junction of the middle and lower third, while the fibula was broken near the ankle joint.

Treatment.—The fragments were kept in position with some difficulty, gentle massage began early, and a good result seemed probable, but at the end of five weeks there was not the slightest union, and three weeks later there was no improvement.

Operation.—With the kind help of Drs. Lewis and Anderson I exposed the end of the bones and found a disc of bone the size and thickness of a shilling between the ends of the tibia, lying quite loose. This was removed, and the ends freshened and finally fixed in position by means of a steel plate and six screws, by Mr. Arbuthnot Lane's method. The tension necessary to fix the bones in good position was considerable, and his long-bone fixation forceps were indispensable.

Result.—There was much oozing from the medulla of the bone, but the plate buried beneath the muscles caused no irritation, and he made a good recovery, with excellent union.

REMARKS.—I regret to say he died very unexpectedly two months after the operation. The specimen obtained showed perfect union in very good position. The 3-inch plate had not moved in the least, but two of the screws were beginning to get loose.

Axbridge, R.S.O., Somerset.

A. V. LÊCHE.

A SIMPLE METHOD OF TREATING FRACTURE OF THE PATELLA.

SURGEONS teach that the best way to treat fractures of the patella is by suturing the fragments together, so as to secure perfect apposition. Some patients may, however, object to such a procedure, and practitioners, unless they be experienced in surgical technique, may not care to undertake such a responsibility. I was taught as a student to put the leg in a coffin-shaped splint and secure the fragments by adhesive plaster. Two cases of fracture of the patella have come under my care during the last four years, and the results of the treatment have been so satisfactory that I venture to publish the simple method of treatment I adopted.

CASE I.

A woman, aged 40, fell and fractured her patella into several fragments. She walked about with the fracture for a week, not suspecting such an injury. On manipulation, the fragments could be easily displaced.

The treatment was as follows: First, a mould was made of the sound knee by taking poroplastic material, $1\frac{1}{2}$ ft. long by 6 in. broad, which was softened in boiling water, and then firmly placed on the sound knee. In this way a perfect mould of the knee-cap was taken; this was used as a splint for the fractured patella, the fragments being viced in the cap of the splint. A little cotton-wool was placed in the cap and sufficient to pad the rest of the splint, which extended above and below the knee-joint. Prior to fixing the splint the fragments were strapped into position by adhesive plaster, and longer strips were placed immediately above and below the patella, and drawn in contrary directions to pull the upper and lower fragments together. Lastly, a plaster-of-Paris bandage was put over all. In three weeks the plaster-of-Paris bandage was taken off. The splint was kept on for other two weeks, passive exercises were begun, and a knee-cap worn for two months, when it was discarded.

CASE II.

A carter fell and fractured his knee-cap into several fragments. The treatment was as described above, except that no plaster-of-Paris bandage was used. This accident befell the man on November 15th, 1910; he was back to his work on January 29th, 1911, and has had no trouble with his leg since.

Glasgow.

JOHN T. MACLACHLAN, M.D. Glasgow.

ERYTHEMA NODOSUM.

LIKE Dr. Craig, I was also interested in the account given of some cases of erythema nodosum following measles by Dr. Joynt in the BRITISH MEDICAL JOURNAL of April 15th. Being at the time somewhat under the influence of the thought that there is no new thing under the sun, I did not care to encroach upon the space of the JOURNAL with an account of a case very similar to those described. As the subject has cropped up again, however, I may be excused for giving an account of this case which came under my observation.

On March 16th I attended a girl aged 8, who was suffering from a typical attack of measles. The attack ran quite an ordinary course, and I mention it only for the sake of comparison.

On March 26th her sister, aged 7, began to show signs of illness, and measles was diagnosed. The rash began to appear next day. On this and on the following day there was a considerable degree of epistaxis. The patient vomited altered blood, and passed a considerable quantity of altered blood in the motions. This was probably due entirely to the epistaxis. In other respects the case was quite ordinary, and was doing well on March 30th. On April 13th her temperature went up to 102.2°. I suspected some complication in the lungs, but there were no signs of lung trouble. Next day she had pain in the knees and ankles. On the following day evanescent red patches appeared on the shins and on the backs of the forearms. The condition of the patient continued much the same for a few days, the erythema appearing and disappearing. On April 22nd she shivered, and her temperature went up to 105°. This happened again the same evening, and also the next day. After this the temperature gradually went down to normal, and the patient made a good recovery. There were no signs of endocarditis or pericarditis, and there was no personal or family history of rheumatism.

The elder girl remained unaffected, though no attempt at strict isolation was made.

During the attack of the erythema nodosum the motions were apt to be rather loose and offensive, and the patient was treated with liq. bismuthi and salicylate, sometimes with aspirin, but I should not like to say that the rash "yielded readily to salicylates" any more than the measles rash yielded readily to the diaphoretic mixture.

In any future inquiry into cases of erythema nodosum following measles, it might be of interest to ascertain how many of such measles cases were characterized by hæmorrhages from the mucous surfaces.

East Putney, S.W.

G. POLLOCK, M.B.

SALVARSAN IN ALMOND OIL.

I HAVE experience that the injection of salvarsan carried by oil of sweet almonds is a most simple procedure, and its absorption when thus exhibited is active.

The technique requires attention to one or two points. No metal must enter into the structure of the syringe, which should be made entirely of glass. If, for instance, a metal plunger is used, the very acid salvarsan will act upon it, with the result that the syringe jams and is spoilt. This has happened to me more than once.

For the same reason, the emulsion must be drawn into the barrel through the nozzle of the syringe, *not through the needle*. The needle must have a large bore. The emulsion will not run readily through a small needle, even though no particles of the powder of appreciable size be present. My method is as follows:

The usual antiseptic precautions are taken. The salvarsan is rubbed up in a glass mortar, and a few cubic centimetres of sterilized oil of sweet almonds added. A smooth emulsion is rapidly prepared. The plunger of the syringe is lubricated with vaseline, the emulsion drawn into the barrel, and the needle applied. With the thumb and finger of the left hand the skin near the angle of the scapula is raised to form a suitable fold; with the thumb and fingers of the right hand the needle is plunged through the skin, every care being taken to enter the subcutaneous space without injuring fascia or the deep layers of the derma. The syringe is disconnected from the needle in order to ascertain that no blood vessel has been opened, then it is reconnected, and the plunger slowly pushed home. If the precaution is not taken to verify the integrity of the blood

vessels, a subcutaneous swelling will form which will be very painful for two or three days. The recital of one case will suffice to show that the injection of salvarsan in oil is active.

A patient 37 years old contracted syphilis in July, 1910. He had been under treatment with mercury. His tongue was fissured in all directions right down to the muscular layer. It was one of the worst syphilitic tongues I have seen. So deep were the fissures that the appearance of the tongue made one think of a starfish. I gave this patient 0.3 gram of salvarsan in sweet almond oil, and in twenty-four hours he was eating a meal with relish and without pain. Eight days after I injected 0.2 gram. The patient left the hospital twelve days after admission with the tongue practically healed.

I had intended to give this patient a larger dose, but the syringe, being fitted with a metal plunger, jammed when I had injected 0.3 gram, and was totally spoiled.

ARTHUR LOXTON, M.B., Ch.B.Birm.,
F.R.C.S.Edin.

Birmingham.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN THE
HOSPITALS AND ASYLUMS OF THE
BRITISH EMPIRE.

BIRMINGHAM GENERAL HOSPITAL.

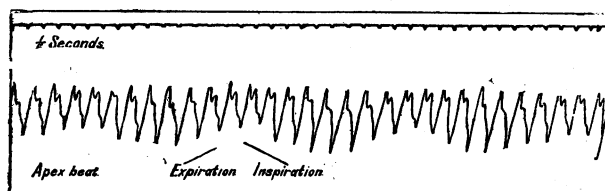
A CASE OF EXTREME CARDIAC FREQUENCY.

(Under the care of Sir ROBERT SIMON.)

[Reported by K. DOUGLAS WILKINSON, M.B.Birm.,
Resident Medical Officer.]

T. L., aged 23, was admitted to the General Hospital, Birmingham, under Sir Robert Simon, on March 31st, 1911. She complained of palpitation and breathlessness, and the pulse-rate was about 200. She had had many similar attacks, which had usually ceased after one or two days. This attack began quite suddenly on the evening of March 27th, and at the outset did not cause her much distress. During that night, however, she became much worse, and was almost entirely prevented from sleeping until her admission.

In hospital, tincture of digitalis mx every four hours had no effect; she was then given tinctura belladonnae mxv thrice a day, which also had no effect.



The tracing from the apex beat here reproduced was obtained on April 1st. The venous tracing was of the ventricular type. The radial pulse was almost imperceptible. The tracing shows a cardiac frequency of 240; the respirations are also noticeably rapid. Sir Clifford Allbutt (*System of Medicine*, vol. vi, p. 526) states that no tracing has been published of a cardiac frequency exceeding 200.

On the evening of April 2nd she became much worse and more distressed. The liver was enlarged and the epigastrium acutely tender; she complained of great flatulence and vomited a little. The apex beat was very distinct and localized, well outside the nipple line in the fifth space, and its frequency was 300 a minute. I counted it carefully several times, being unable to believe such a frequency possible at first.

The attack ceased quite suddenly on the following morning at 10 a.m., the heart being rather irregular for half an hour after the slow rhythm was resumed.

THE late Mr. George White McLean, of Newcastle, whose will has now been proved, left £500 to the Royal Victoria Infirmary, and £250 each to the Newcastle Dispensary and the Fleming Memorial Home for Sick Children.

I have long intended to write on this matter, and Dr. O'Connor's letter has produced the necessary stimulus. There is no question that the stretching of the sphincter as it is usually carried out is not only unnecessary, but often positively harmful. Sphincter stretching is a relic of the dark ages, but it will die hard, in this country at all events. For years I have practised and taught that sphincter stretching is only necessary and useful to a quite small amount as far as the actual force used is necessary.

The excess to which this can be carried was well shown some few years ago in a paper in one of the medical journals—I forget which—when it was gravely stated that the best method of dealing with haemorrhoids was, in the first place, to stretch the sphincter fully for ten minutes! Now, I have no hesitation in saying that this is a physical impossibility for any operator unless he has been trained especially for it.

About twelve months ago I operated on a series of cases of haemorrhoids, and in 50 per cent. the sphincter was not stretched at all. Notes were kept as to the amount of pain these cases had as compared with others in which the usual dilatation was carried out, and the experience gained was that there was no material difference.

That definite and lasting harm can be done by stretching, that is, *tearing*, the muscle fibres in certain kinds of sphincters will be well known to most surgeons. There is a particular form of sphincter which, when slightly dilated, feels like a piece of whipcord under the finger, and resists further force, but should this be persisted in the "whipcord" will suddenly disappear and nothing of the sphincter will be felt, the anus is patulous, and it may be months before the sphincter has recovered. In some instances permanent weakness remains. This "disappearance" is due to the complete rupture of the fibres of the sphincter muscle, and the laceration produced is of an extremely irregular character, consequently the repair can only be partial under the best circumstances, and so it may be easily imagined that some permanent weakness may occur.

The reasons given for sphincter stretching are:

1. For the relief of pain.
2. To obtain a more complete view of the operation area.

The first is more or less a myth, unless risks are run which are not justifiable. The second is unnecessary, as by means of ordinary forceps a most excellent view can always be obtained, and, no harm having been done to the sphincters, a quicker recovery occurs.

That all operations shall be conducted with the least possible injury to the surrounding tissues is a surgical axiom which no one will gainsay, and as equally good results can be obtained without damaging the sphincter, it is obviously unnecessary that this excessive sphincter stretching should be carried out.—I am, etc.,

London, W., July 19th.

FRED. C. WALLIS.

HIERA PICRA.

SIR,—It would be very interesting if Dr. Womack would state whether he analysed the "pills labelled Hiera Picra" which he mentions in your issue of July 22nd, p. 163. The Hiera were thought to be Galen's preparations, and they received their name on account of their holy or wonderful properties. Hiera picra owed its activity, no doubt, to the quantity of aloes which it contained. The *London Pharmacopoeia* for 1732 gives the formula as Cinnamomi; Xylbalsami, seu Ligni Aloes; Asari; Spicae Nardi; Mastiches, Croci ana drachmas sex. Aloes (non lotae) uncias duodecim semis.; Mellis despumati libr. quatuor & uncias tres. Misce; fiat electuarium. John Arden the surgeon about 1370 says, "old leeches ordered the costive clysters, and they put in cassia fistula, mirbalans, hiera picra and other laxatives; which clysters, forsooth, made the patients more constipate than they were before."

Salmon in 1678 says that hiera picra "is a good thing to loosen the body and gently evacuate chollic and other ill humors. It opens obstructions and purges thick phlegmatic humors. In affections of the stomach, Mesentery, Liver, Womb, Head and Joints it is excellent. Dose ʒii-ʒiii in Wormwood Rhenish Wine with ʒi of Syrup of

Mugwort compound at night on going to bed; so taken it is said to provoke the Terms and cure the Green Sickness." It is curious to find hiera picra still in use and maintaining its old and evil reputation as an abortifacient. When, if ever, was the cantharides added to the formula, and when did the electuary become a pill? It appeared for the last time in public in the *Pharmacopoeia* of 1747.—I am, etc.,

London, W., July 24th.

D'ARCY POWER.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination:

M.S. (BRANCH I).—*Surgery*: C. A. Joll, B.Sc.; E. L. M. Lobb.

UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examination indicated:

Third M.B.—* Evelyn Ritson, A. Butterfield, G. Carse, C. Duncan, W. A. Elliott, Sarah L. Green, Nora Murphy, W. S. Murray, C. O'Hagan, Carinna A. B. O'Neill, L. G. Pearson, C. H. Robson, C. O. Shackleton, A. Sutcliffe, G. S. Woodman.
* First class honours.

QUEEN'S UNIVERSITY OF BELFAST.

THE following candidates have been approved in the examinations indicated:

FIRST M.B. (*Chemistry*).—S. T. Alexander, E. G. B. Calvert, G. L. Hill, T. M'Clurkin, R. G. M'Elney, J. Meenan, T. Milling, M. F. O'Kane, A. Porter, R. Weaver, T. K. Wheeler.

FIRST M.B. (*Physics*).—E. G. B. Calvert, T. M'Clurkin, R. G. M'Elney, J. W. M'Kee, J. Meenan, T. Milling, A. Porter, J. P. Smyth, R. Weaver, T. K. Wheeler.

FIRST M.B. (*Botany*).—W. L. Agnew, J. B. Alexander, E. G. B. Calvert, P. Clarke, Mary A. Gallagher, S. J. Hutchinson, P. Kane, T. M'Clurkin, R. G. M'Elney, J. W. M'Kee, J. C. M'Millan, J. Meenan, A. J. Millar, T. Milling, F. P. Montgomery, W. N. Montgomery, A. Porter, R. L. Sinclair, D. K. Watterson, R. Weaver, T. K. Wheeler, R. Woodside.

FIRST M.B. (*Zoology*).—W. L. Agnew, J. B. Alexander, E. G. B. Calvert, P. Clarke, D. Corry, J. Dunlop, Mary A. Gallagher, A. Gaston, W. J. Harvey, Mary E. Henry, G. L. Hill, S. J. Hutchinson, P. Kane, S. M'C. Kirk, T. M'Clurkin, R. G. M'Elney, J. W. M'Kee, J. C. M'Millan, J. Meenan, T. Milling, A. Porter, F. R. Sinclair, R. L. Sinclair, J. P. Smyth, Elizabeth S. Walker, R. Weaver, T. K. Wheeler.

SECOND M.B.—R. G. Blair, H. T. Chatfield, W. M'M. Chesney, D. M. Clements, E. Doherty, J. Duffin, J. E. Finlay, A. Fullerton, D. Gaston, Margaret Gorman, T. Grimson, W. S. B. Hay, J. F. D. Hunter, W. J. Lascelles, B. Lyons, C. M'N. McCormack, W. M'Dermott, R. N. M'Kinstry, E. B. C. Mayrs, A. G. Mitchell, J. J. Murray, M. C. Paul, G. R. B. Purce, G. W. Rea, Elizabeth M. Robb, R. S. Ross, Martha J. M. Stewart, J. Tate, O. Wilson, W. R. E. Wilson, P. P. Wright, F. L. Cleland, G. E. Hull, S. M'Comb, E. W. Mann, J. H. Porter. (*Anatomy only*): F. J. Devlin, D. Jamison, W. T. M'Curry, F. M'Kibbin, T. P. M'Quaid, J. C. Robb, J. S. Savage, A. F. L. Shields, J. Warwick, R. H. Wilson. (*Physiology only*): R. Condy, T. B. M'Kee.

THIRD M.B. (*All Subjects*).—D. R. Acheson, J. S. Bellas, J. L. Brown, D. Calwell, P. A. Clearkin, E. S. Dixon, W. A. L. Dunlop, H. Emerson, W. Faith, T. F. S. Fulton, S. Geddis, L. D. I. Graham, J. R. Henry, J. Hill, T. W. G. Hogg, T. H. Houston, F. Jefferson, G. D. Latimer, J. B. Lyle, R. J. M'Connell, W. J. M'Cracken, R. M'Culloch, W. Megaw, J. J. H. Mitchell, M. Neilson, J. Porter, A. E. H. Reid, Edith Robinson, T. Walker, H. V. Walsh, J. R. White, P. W. White, T. H. Wilson, S. J. Yeates. (*Medical Jurisprudence and Hygiene only*): T. M. Adamson, S. R. Armstrong, F. L. P. G. Bennett, H. P. Hall, H. M. Jackson, E. U. MacWilliam. (*Materia Medica and Pathology only*): J. M'K. Ferguson. (*Materia Medica and Medical Jurisprudence only*): W. W. Blair. (*Pathology and Hygiene only*): H. R. Sinclair. (*Materia Medica only*): H. A. Skillen. (*Hygiene only*): J. J. Hanratty.

FIRST M.B., B.Ch., B.A.O.—W. Boyd, W. K. Calwell, G. Cooper, F. Crooks, W. M. Millar, J. M. O'Reilly, E. F. Ward, F. J. Wisely. (*Pathology, Medical Jurisprudence, and Hygiene*): D. V. S. Willis, J. A. L. Wilson.

M.D.—J. C. Adams, S. T. Beggs, C. Dickson, W. E. St. L. Finny, R. Hill, R. G. Kevin, J. E. A. Lynham, W. P. MacArthur.
D.P.H.—R. G. Kevin.

Awards.

In connexion with these examinations the following awards have been made:

FACULTY OF LAW.—Dunbar Prize, £10, W. Lowry.

FIRST M.B.—First Scholarship, £40, E. G. B. Calvert. Second Scholarship, £30, T. K. Wheeler. Third Scholarship, £20, R. G. M'Elney. Prize of £10 each, T. M'Clurkin, T. Milling, A. Porter (equal).

SECOND M.B.—First Scholarship, £40, O. Wilson. Second Scholarship, £30, A. Fullerton. Third and Fourth Scholarship divided, £17 10s. each, E. B. C. Mayrs, G. R. B. Purce. Recommended for Prize of £10, J. Tate. Juliet Symington Gold Medal in Anatomy, O. Wilson. Special Prizes in Anatomy, A. Fullerton, J. F. D. Hunter.

THIRD M.B.—First Scholarship, £40, W. A. L. Dunlop. Second Scholarship, £30, T. Walker. Special Scholarship (in three subjects), £30, R. J. M'Connell.

FINAL.—First Class Honours and First Scholarship of £20, Special Scholarship in Surgery, £30, Qualified for Scholarships in Medicine and Midwifery, G. Cooper. Special Scholarship in Medicine, £30, W. K. Calwell. Special Scholarship in Midwifery, £30, F. Crooks.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Barker Anatomical Prize.

THE Barker anatomical prize for 1912 is offered for a dissection of the phrenic nerve. The prize, which is of the value of £21, is open to any student whose name is on the anatomical class list of any school in the United Kingdom. Preparations must be received on or before April 30th, 1912, by the Curator, from whom further particulars can be obtained.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—Devendra Bharadwaja, T. P. Bremner, T. W. Drummond, G. M. Harley, D. A. Imrie, C. C. Irvine, Mary G. Jones, W. M. Alpine, J. M. Farlane, C. Reade, J. M. Smeaton, W. Templeton, T. R. Wilson.

SECOND COLLEGE.—A. Crawford, V. C. H. Dearden, J. R. Fleming, J. Gilchrist, Madeline MacWilliam, F. M. Murray, Alamu Ojo Olaribighe, V. H. Wardle.

THIRD COLLEGE.—G. L. Clark, Hariharnath Hukku, J. G. Morrin, W. N. P. Williams, J. Noonan, E. E. Owens, A. M. Robertson, J. Watt.

FINAL.—Diwan Jai Chand, Husain Buksh, H. J. Burke, R. M. Danks, C. Hunter, J. B. Michie, F. P. Quirk, M. W. Rees, W. W. Shorten, A. H. Silverman, Gulab Singh, W. M. Thomson, J. M. Watson.

Medical News.

THE late Mr. Henry Kirk, a lace manufacturer, of Nottingham, left the following sums by will to local medical charities: The General Hospital, £5,000, with power to deal with the income only; the General Dispensary, £1,000; the Children's Hospital, the Hospital for Women, and the Blind Institution, each £300; the Eye Infirmary, £200. In addition, sums of £300 each were left to the convalescent homes at Mablethorpe and Skegness respectively. The net value of the estate was about £60,000.

AT the annual general meeting of the West London Medico-Chirurgical Society, held on July 14th, the following officers were elected for 1911-12: *President*, Mr. W. McAdam Eccles, M.S., F.R.C.S.; *Treasurer*, Mr. T. Gunton Alderton, M.R.C.S., L.R.C.P.; *Secretaries*, Mr. D. F. Maunsell, M.R.C.S., L.R.C.P., and Mr. N. Bishop Harman, M.B., B.C.Camb., F.R.C.S.; *Librarian*, Dr. Arthur Saunders, M.B., B.Ch.Oxon.; *Editor of Journal*, Mr. H. W. Chambers, M.R.C.S., L.R.C.P.; *Editorial Secretary*, Mr. Aslett Baldwin, F.R.C.S.

THE foundation stone of a new hospital was laid by the Duchess of Sutherland in Merton on July 17th. It will provide 24 beds, but has been designed so as to permit of additions which will bring up the total accommodation to 40 beds. The total building expenditure at present anticipated is £11,000, of which £8,000 has already been secured, including a grant of £1,000 by King Edward's Hospital Fund for London. The name of the institution will be the Nelson Hospital for Wimbledon, Merton, and District, the name Nelson having been introduced in memory of the fact that during the last years of his life, and when in England, Merton Priory was Lord Nelson's home.

DURING the last Whitsuntide holidays, representatives of the embryology of vertebrate animals—English, German, French, Austrian, Belgian, and Dutch—assembled at Utrecht for the purpose of founding an international institute of embryology. Specialists in that branch of science conveyed their approval by letter. The new institute consists of forty members. Among other work it is proposed to devise a uniform system of nomenclature, and to provide facilities for a common study of materials difficult to procure. Professor Bonnet, of Rome, has been elected President of the institute.

SEVERAL London hospitals benefit largely under the will of the late Mr. Frederick Rolandi, formerly of Berners Street, having been made co-partners in his residuary estate. These are the Italian Hospital in Queen Square, the French Hospital and Dispensary in Shaftesbury Avenue, the German Hospital, Dalston; the Middlesex Hospital, the Cancer Hospital, Fulham; University College Hospital, and the South London Ophthalmic Hospital, St. George's Circus. These seven hospitals, together with the Royal Asylum for the Deaf and Dumb in Margate, are to divide between them a sum expected to exceed £150,000.

THE Miller Memorial Hospital, which at present has accommodation adequate for 25 patients, is about to be extended so as to provide for from 40 to 50 patients. The

new building will be five stories high, and will at once provide two wards in addition to operation and anaesthetic rooms. The building is so planned that it can be enlarged to provide a children's ward. The foundation stone was laid on July 18th by the Earl of Dartmouth. Mr. John H. Robinson, chairman of the Board of Management, stated that a gift of £3,000 had been received from the Annie Zunz fund, and that one of the wards would be so named. A vote of thanks to Lord Dartmouth was moved by Dr. Willes, senior physician, seconded by Mr. Leonard Miller, vice-chairman of the Board of Management, and carried unanimously.

THE Coronation festivities in Ispahan included a service at the English Church, attended by the Consul-General with a guard of twenty Indian Sawars. The church is in the hospital compound, and was designed by the surgeon in charge, Dr. D. W. Carr. On the same day there was a dinner at the Consulate attended by thirty English guests, among whom were six doctors, three of them being ladies, and one, Dr. Aganor, the Vice-Consul. The dinner was also attended by three British nurses, and by Mr. W. R. Kingston, the representative of Messrs. Burroughs Wellcome and Co., who was beaten and robbed close to Ispahan in April. Dr. J. Cropper, of Chepstow, who at the time was on a visit to Ispahan, informs us that the hospital was full of patients waiting for operation, chiefly for hernia and cataract. No fewer than fifty operations for hernia were performed during June, a time of year when the Kashgai tribe migrates some ten or twelve days' journey into the neighbourhood of Ispahan. Though a wild people, and given to boasting of the number of men they have killed, they make good patients. The hospital, as well as the women's hospital, is now under the administration of Dr. Stuart.

AT a general meeting of the Society of Infant Consultations on July 15th it was unanimously resolved to agree to a scheme by which the society will become an integral part of the National League for Physical Education and Improvement. Dr. Eric Pritchard said that the new organization would do its work under the title of "The Association of Infant Consultations and Schools for Mothers," and would have a much wider field of usefulness than in present conditions. It would have its own executive committee and honorary officers, but the secretarial duties connected with it would be carried on by the permanent staff of the league at its home, 4, Tavistock Square. Among the objects of the new body will be: (a) To bring into closer relationship all who are engaged or interested in the work of infant consultations, schools for mothers, and similar institutions; (b) to promote the establishment of such institutions and to advise as to their organization; (c) to organize conferences and other meetings in London and the provinces to discuss subjects germane to the work of such institutions; (d) to record the experience gained by individuals engaged in the work; (e) to collect literature, statistics, and reports bearing on the subject; (f) to supply such institutions, as required, with literature, charts, diagrams, etc., published by the association itself, or by other recognized bodies; (g) to promote co-operation with all societies working for infant welfare.

THE annual meeting of the Medico-Legal Society was held on July 20th, Sir John Tweedy in the chair. The annual report stated that the society had made considerable progress. The Royal College of Surgeons having decided to establish a medico-legal museum, the members of the society have been asked to give specimens. The election of officers and council resulted as follows: *President*, Sir John Tweedy; *Vice-Presidents*, Mr. Justice Horridge and Mr. Digby Cotes-Predy; *Honorary Treasurer*, Mr. Walter Schröder; *Honorary Secretaries*, Mr. Rowland Burrows and Mr. J. Howell Evans; *Honorary Auditors*, Mr. R. Salusbury Trevor and Mr. Walter C. Williams; *Honorary Editor of Transactions*, Dr. W. A. Brend; *Council*, Dr. A. G. Bateman, Dr. A. D. Cowburn, and Mr. Arthur S. Morley. It was decided so to alter the rules that the President shall be elected annually, but that the same person shall not be eligible to hold office for more than two consecutive years. The annual dinner was afterwards held at the Holborn Restaurant, Sir John Tweedy presiding over a large attendance, which included Sir Henry Morris, Sir William Collins, Sir Frederic Hewitt, Mr. Rigby Swift, M.P., Mr. Charters Symonds (President of the Medical Society), Mr. J. B. Lawford (President of the Ophthalmological Society), Dr. William Turner (Surgeon to the Colonial Hospital, Gibraltar), Dr. W. H. Willcox (Home Office), Dr. F. J. Waldo, Mr. Henslow Wellington, Dr. C. Herbert Smith, Dr. Spilsbury, and most of the officers and council.